

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-049862 FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2						
3						
4						
5						
6						
7	1		1			
8						
9	1					
10	3					
11	1					
12	1		1			
13	1					
14	1					
15	1		1			
16	1					
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50						
TOTAL IND.			4			
TOTAL DEP.			10			
TOTAL CLAIMS			20			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL CLAIMS								